



MHSA FULL SERVICE PARTNERSHIP OUTCOMES ASSESSMENT

Performance Outcomes & Quality Improvement
December 1, 2005



MHSA Full Service Partnership Forms

MHSA FULL SERVICE PARTNERSHIP FORMS

The forms will gather:

History/Baseline data:

Partnership Assessment Form (PAF) –

Completed ONCE, when partnership is established

Follow-Up data:

Key Event Tracking Form (KET) –

Completed when change occurs in key areas

Quarterly Assessment (3M) –

Completed every 3 months

PARTNERSHIP ASSESSMENT FORM

Completed ONCE, when a partnership is established.

History and baseline data for the following areas:

- Residential (includes hospitalization & incarceration)
- Education
- Employment
- Sources of Financial Support
- Legal Issues / Designations
- Emergency Intervention
- Health Status
- Substance Abuse
- ADL / IADL - *Older Adults Only*

KEY EVENT TRACKING FORM

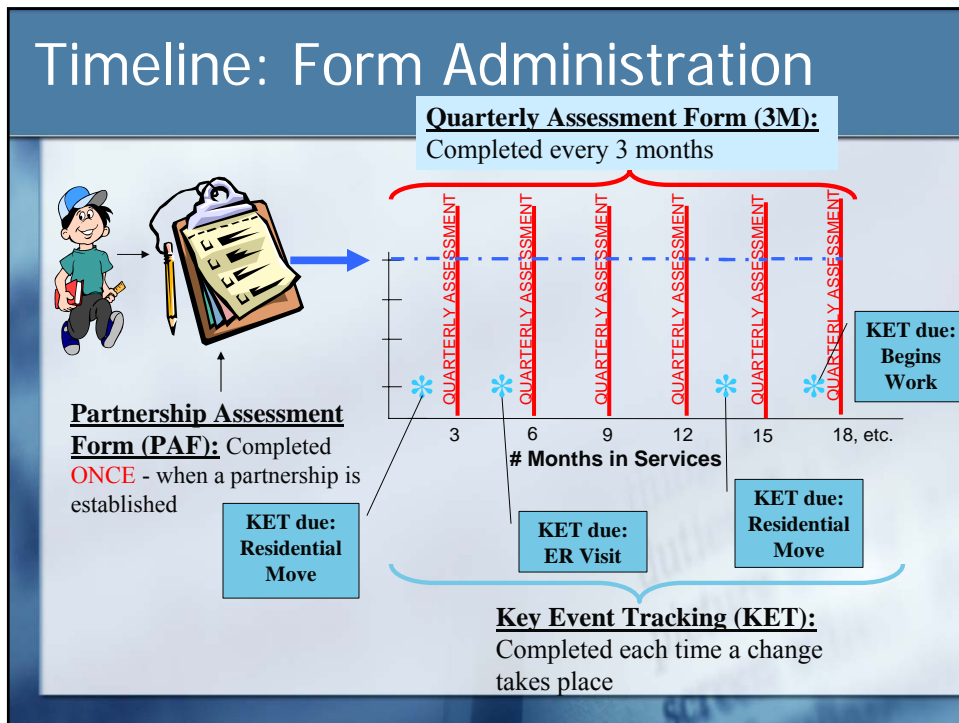
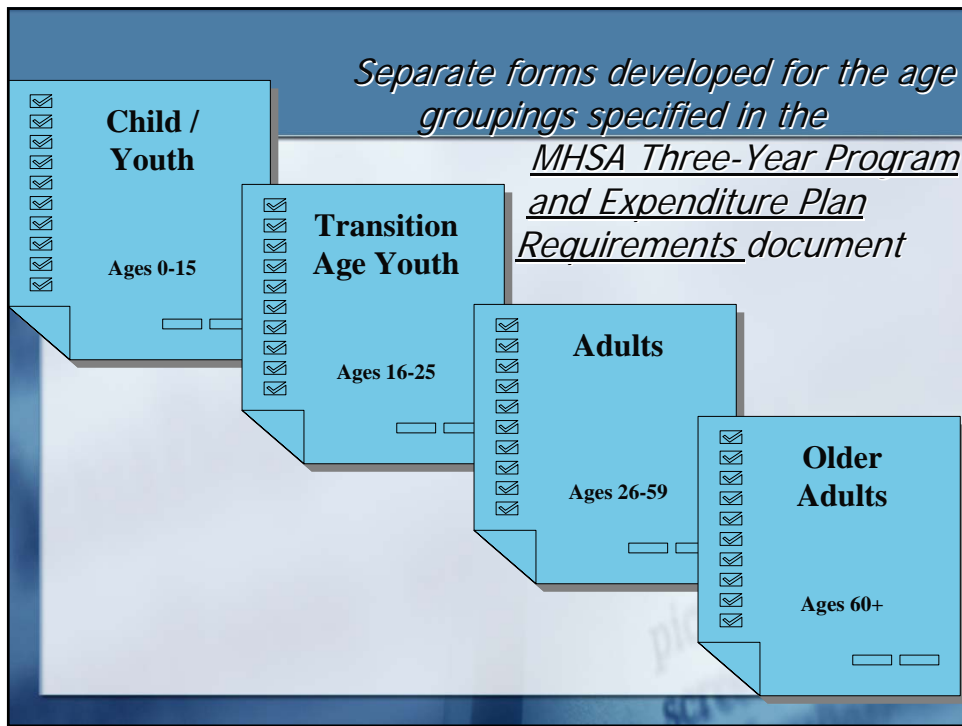
Completed every time there is a change in the following key areas:

- Administrative Information
- Residential (includes hospitalization and incarceration)
- Education
- Employment
- Legal Issues / Designations
- Emergency Intervention

QUARTERLY ASSESSMENT FORM

Completed every 3 months to assess changes in:

- Education
- Employment
- Sources of Financial Support
- Legal Issues / Designations
- Health Status
- Substance Abuse
- ADL / IADL – *Older Adults Only*



Data Collection & Reporting System (DCR) *Getting Data to DMH*

Option 1: DMH On-Line System

County submits data directly to DMH using a DMH designed on-line system. **DMH maintains the data system** and makes all updates.

Option 2: Local System Data Reporting

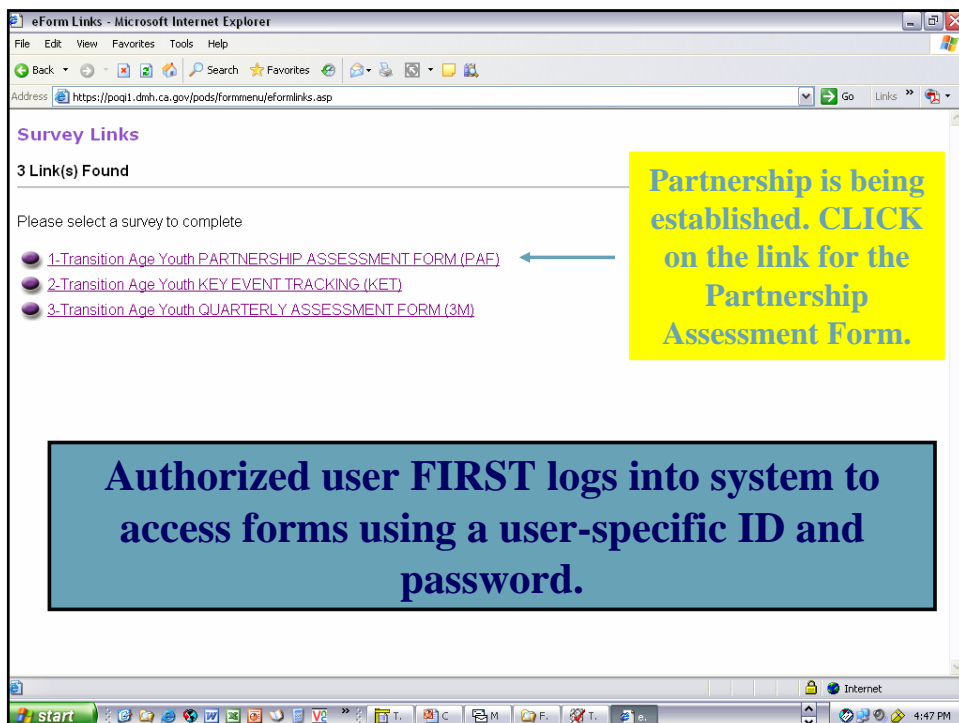
County collects data using their own technology. County submits data via XML (Extensible Markup Language). **County is responsible for maintaining their own data system** and making all updates.

Option 1: DMH On-Line System

- **Phase 1:** Available January 1, 2006
 - Allows data submission and batched data return
 - Provides basic HTML interface with limited error checking and validation functionality
- **Phase 2:** Available Spring 2006
 - Allows editing of submitted data
 - Allows query and reporting capability
 - Performs County Client Number verification against CSI data
 - Provides real time data download capability
 - Performs stringent data validations during data entry
 - Provides user friendly interface
 - Allows XML schema based integration
 - Provides "tickler" mechanism to track when reviews/assessments are due

PHASE 1

SAMPLE on-line data entry screen PARTNERSHIP ASSESSMENT FORM (PAF)



TAYOUTH_PAF_HTML - Microsoft Internet Explorer

Address: https://poqi1.dmh.ca.gov/pods/formmenu/05712/05712.asp

California Department of Mental Health

TAY
PAF DRAFT 11/30/05

Transition Age Partnership Assessment Form FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number: **01** CSI County Client Number: **999999999** Assessment Date (mmddyyyy): **01042006**

Youth's First Name: **John** Youth's Last Name: **Doe**

Provider ID: **5468** Full Service Partnership Program ID: **A497C** Personal Service Coordinator ID: **28328213**

Youth's Date of Birth (mmddyyyy): **03281989** County Use Field #1: County Use Field #2: County Use Field #3:

In which programs is the youth CURRENTLY involved: (mark all that apply)

☐ AB2034

(NOTE: More programs will be listed)

Who referred the youth? (mark one)

TAYOUTH_PAF_HTML - Microsoft Internet Explorer

Address: https://poqi1.dmh.ca.gov/pods/formmenu/05712/05712.asp

RESIDENTIAL INFORMATION (includes hospitalization and incarceration)

Setting	CURRENT (as of 11:59 p.m. the day BEFORE partnership)	DURING THE PAST 12 MONTHS Indicate the TOTAL:		PRIOR TO THE LAST 12 MONTHS (mark all that apply)
		# Occurrences	# Days (must = 365)	
GENERAL LIVING ARRANGEMENT				
With one or both biological/adoptive parents	<input type="radio"/>			<input type="checkbox"/>
With adult family member(s) other than parents - non-foster care	<input type="radio"/>			<input type="checkbox"/>
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	<input type="radio"/>			<input type="checkbox"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>			<input type="checkbox"/>
Foster Home (with relative)	<input type="radio"/>			<input type="checkbox"/>
Foster Home (with non relative)	<input type="radio"/>			<input type="checkbox"/>
SHELTER / HOMELESS				
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	5	20	<input type="checkbox"/>
Homeless (includes people living in their cars)	<input checked="" type="radio"/>	3	45	<input type="checkbox"/>
SUPERVISED PLACEMENT				
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	<input type="radio"/>			<input type="checkbox"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>			<input type="checkbox"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>			<input type="checkbox"/>
HOSPITAL				
Acute Medical Hospital	<input type="radio"/>			<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	2	23	<input type="checkbox"/>
State Psychiatric Hospital	<input type="radio"/>			<input type="checkbox"/>
RESIDENTIAL PROGRAM				
Group Home (Level 0-11)	<input type="radio"/>			<input type="checkbox"/>

TAYOUTH_PAF_HTML - Microsoft Internet Explorer

Address: <https://poqi1.dmh.ca.gov/pods/formmenu/05712/05712.asp>

EMERGENCY INTERVENTION

Please indicate the number of emergency interventions the youth had DURING THE PAST 12 MONTHS that were:

Physical Health Related Mental Health / Substance Abuse Related

HEALTH STATUS

Did the youth have a primary care physician DURING THE PAST 12 MONTHS? ☐ Yes ☒ No

Does the youth have a primary care physician CURRENTLY? ☐ Yes ☒ No

SUBSTANCE ABUSE

In the opinion of the personal service coordinator, does the youth have a co-occurring mental illness and substance use problem? ☒ Yes ☐ No

Is this an active problem? ☒ Yes ☐ No

Is the youth CURRENTLY receiving substance abuse services? ☐ Yes ☒ No

SUBMIT data entered on-line

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Done

start

Internet

3:03 PM

MHSIP_QOL_Adult_0703 (HTML) - Microsoft Internet Explorer

Address: <https://poqi1.dmh.ca.gov/pods/POQILogon/18146/18146.asp>

Thank you for submitting your data!
[California State Department of Mental Health](#)

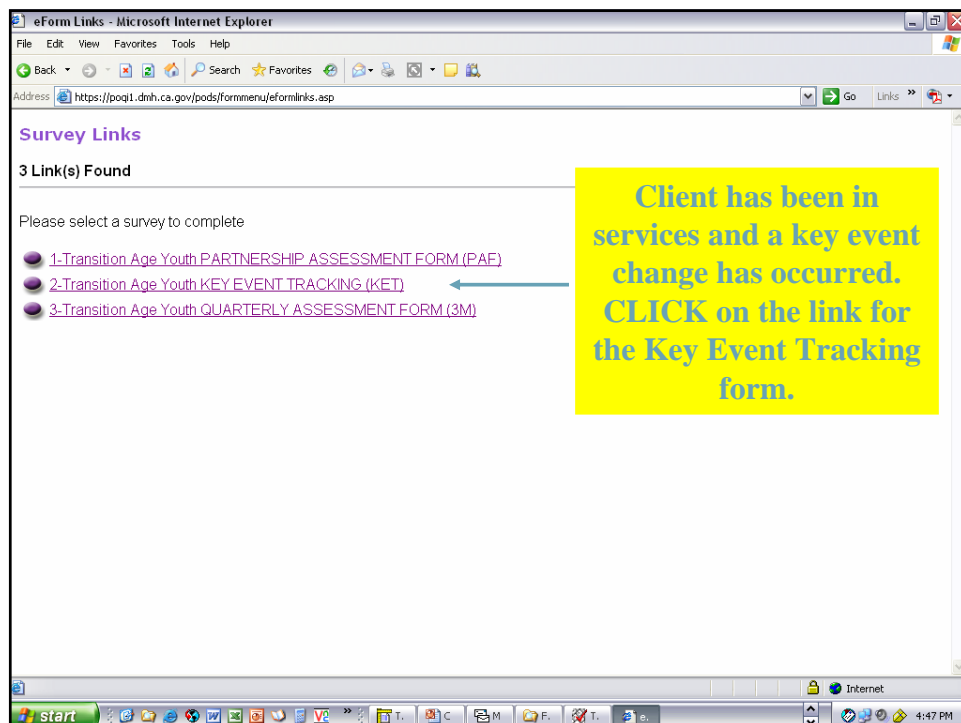
Start

Internet

3:33 PM

PHASE 1

SAMPLE HTML entry screen KEY EVENT TRACKING (KET)



TAYOUTH_KET_HTML - Microsoft Internet Explorer

Address: https://pq01.dmh.ca.gov/pods/formmenu/32972/32972.asp

California Department of Mental Health
FULL SERVICE PARTNERSHIP

Transition Age Key Event Tracking Form
FOR AGES 16-25 YEARS
Instructions: Skip questions if there are no changes.

PARTNERSHIP INFORMATION

County Number: **01** CSI County Client Number: **999999999** Youth's Date of Birth (mmddyyyy): **03281989**

Youth's First Name: **John** Youth's Last Name: **Doe**

County Use Field #1: County Use Field #2: County Use Field #3:

In which programs is the youth CURRENTLY involved:
☐ AB2034
(NOTE: More programs will be listed)

CHANGE IN ADMINISTRATIVE INFORMATION
(skip this section if there are no changes)

Date of Provider ID Change (mmddyyyy): NEW Provider ID:

Date of Full Service Partnership Program ID Change (mmddyyyy): NEW Full Service Partnership Program ID:

TAYOUTH_KET_HTML - Microsoft Internet Explorer

Address: https://pq01.dmh.ca.gov/pods/formmenu/32972/32972.asp

RESIDENTIAL INFORMATION - includes hospitalization and incarceration
(skip this section if there are no changes)

Date of Residential Status Change (mmddyyyy): **12152006**

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

☐ With one or both biological/adoptive parents
☐ With adult family member(s) other than parents - non-foster care
☒ In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
☐ Single Room Occupancy (must hold lease)
☐ Foster Home (with relative)
☐ Foster Home (with non-relative)

SHELTER / HOMELESS

☐ Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
☐ Homeless (includes people living in their cars)

SUPERVISED PLACEMENT

☐ Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
☐ Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
☐ Licensed Community Care Facility (Board and Care)

HOSPITAL

☐ Acute Medical Hospital

RESIDENTIAL PROGRAM

☐ Group Home (Level 0-11)
☐ Group Home (Level 12-14)
☐ Community Treatment Facility
☐ Licensed Residential Treatment (includes crisis, short-term, long-term substance abuse, dual diagnosis residential programs)
☐ Skilled Nursing Facility (physical)
☐ Skilled Nursing Facility (psychiatric)
☐ Long-Term Institutional Care (IMD, MHRC)

JUSTICE PLACEMENT

☐ Juvenile Hall / Camp / Ranch
☐ California Youth Authority
☐ Jail
☐ Prison
☐ Other

TAYOUTH_KET_HTML - Microsoft Internet Explorer

Address: https://pq01.dnh.ca.gov/pods/formmenu/32972/32972.asp

Date of Parole Status Change (mmddyyyy):

Indicate new parole status:
☐ Removed From Parole ☐ Placed on Parole

CONSERVATORSHIP / PAYEE INFORMATION

Date of Conservatorship Status Change (mmddyyyy):

Indicate new conservatorship status:
☐ Removed from conservatorship ☐ Placed on conservatorship

Date of Payee Status Change (mmddyyyy):

Indicate new payee status:
☐ Removed from payee status ☐ Placed on payee status

DEPENDANT (W & I CODE 300 STATUS) INFORMATION

Date of W & I Code 300 Status Change (mmddyyyy):

Indicate new W&I Code 300 status:
☐ Removed From W & I Code 300 Status ☐ Placed on W & I Code 300 S

EMERGENCY INTERVENTION INFORMATION
(skip this section if there are no changes)

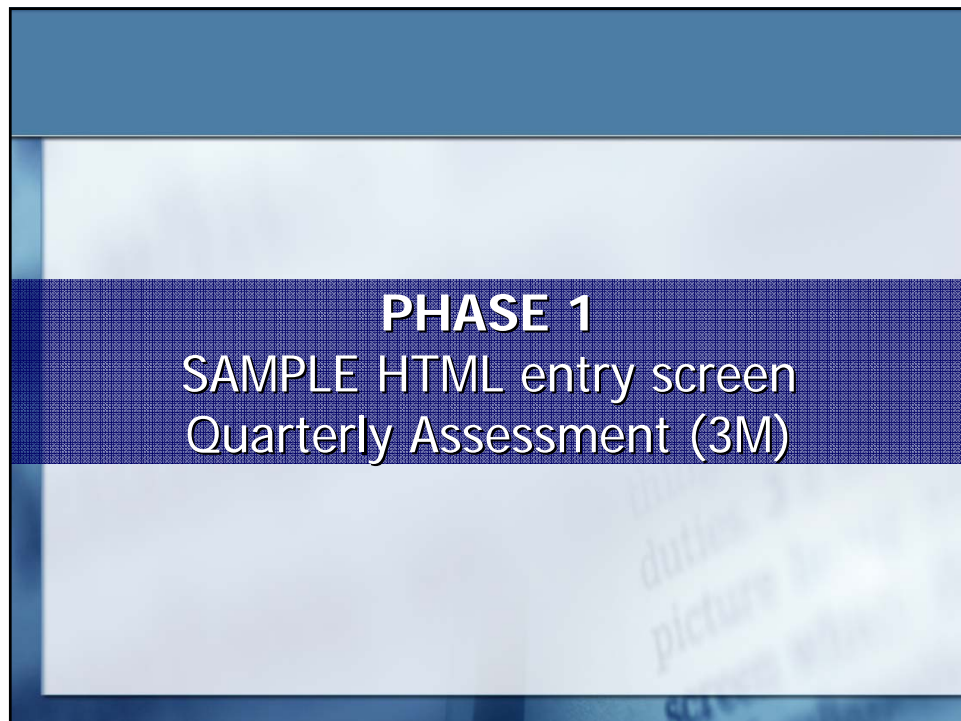
Date of Emergency Intervention (mmddyyyy):

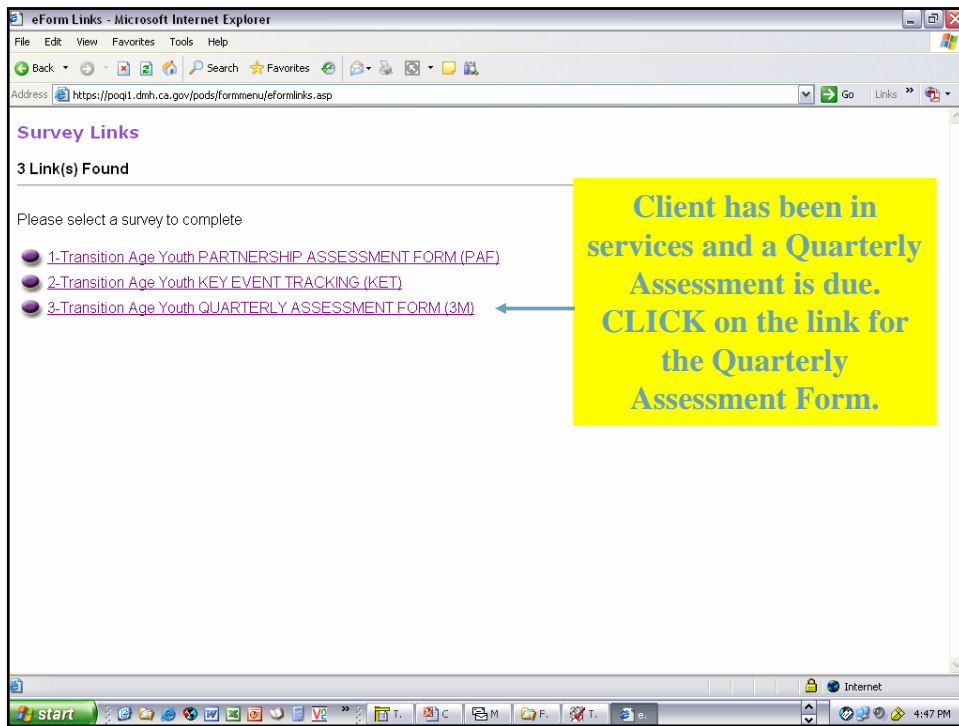
Indicate the type of emergency intervention:
☐ Physical Health Related ☐ Mental Health / Substance Abuse Related

SUBMIT

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SUBMIT data entered on-line





TAYOUTH_3M_HTML - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Go Links

Address https://pqql1.dmh.ca.gov/pods/formmenu/42534/42534.asp

CALIFORNIA DEPARTMENT OF
Mental Health

TAY
3M DRAFT 11/30/05

**FULL SERVICE PARTNERSHIP
Transition Age Quarterly Assessment Form
FOR AGES 16-25 YEARS**

PARTNERSHIP INFORMATION

County Number: 01
CSI County Client Number: 999999999
Assessment Date (mmddyyyy): 12302006

Youth's First Name: John
Youth's Last Name: Doe

Youth's Date of Birth (mmddyyyy): 03281989
County Use Field #1:
County Use Field #2:
County Use Field #3:

In which programs is the youth CURRENTLY involved: (mark all that apply)

☐ AB2034

(NOTE: More programs will be listed)

EDUCATION

Is the youth CURRENTLY receiving special education due to serious emotional disturbance? ☐ Yes ☒ No

Is the youth CURRENTLY receiving special education due to another reason? ☐ Yes ☒ No

Done Internet 5:22 PM

TAYOUTH_3M_HTML - Microsoft Internet Explorer

Address: <https://pq01.dmh.ca.gov/pods/formmenu/42534/42534.asp>

CUSTODY INFORMATION

Indicate the total number of children the youth CURRENTLY has who are:

Placed on W & I Code 300 Status:

Placed in Foster Care:

Reunified with youth:

Adopted out:

HEALTH STATUS

Does the youth have a primary care physician CURRENTLY? ☒ Yes ☐ No

SUBSTANCE ABUSE

In the opinion of the personal service coordinator, does the youth have a co-occurring mental illness and substance use problem? ☒ Yes ☐ No

Is this an active problem? ☒ Yes ☐ No

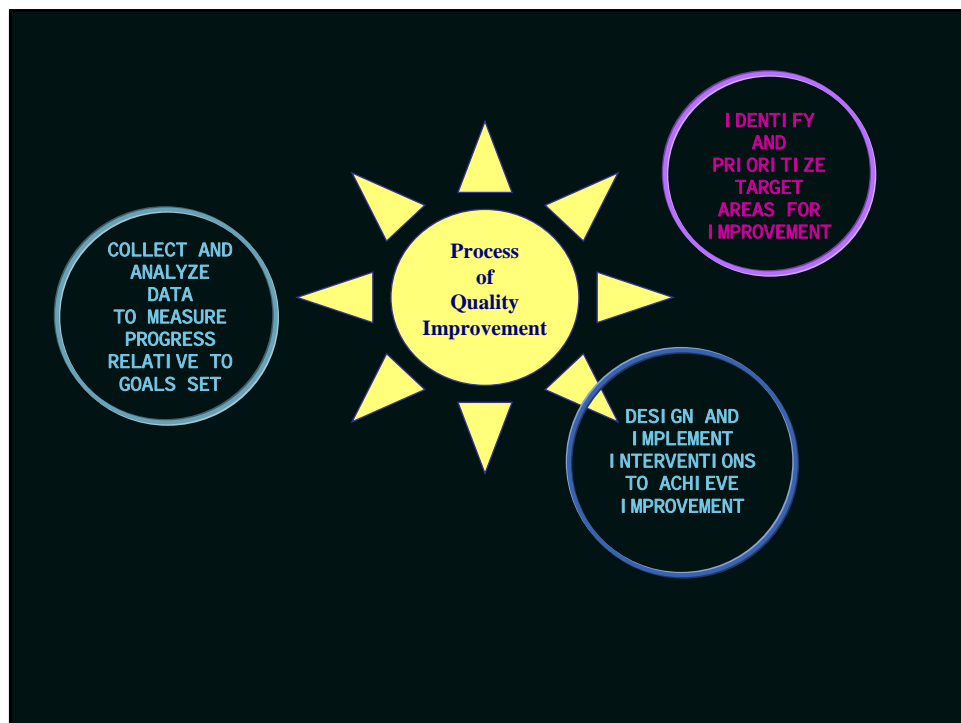
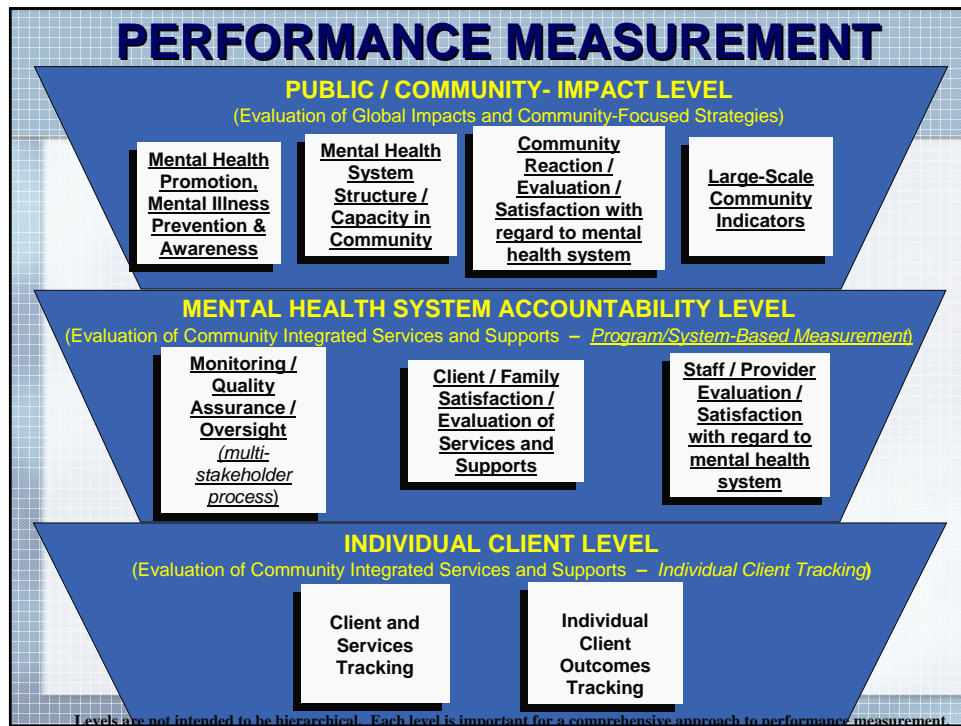
Is the youth CURRENTLY receiving substance abuse services? ☒ Yes ☐ No

SUBMIT data entered on-line

GETTING YOUR DATA BACK

(from the DMH on-line system)

- With Phase 1:
 - Data available to authorized users via ITWS
 - Periodic download of data from DMH to ITWS
 - ASCII text, fixed width tables
- With Phase 2, other options will be available.



Contacts

Stephanie Oprendek, Ph.D., Chief

Phone: (916) 653-3517

Email: Stephanie.Oprendek@dmh.ca.gov

Traci Fujita, Research Program Specialist

Phone: (916) 653-3300

Email: Traci.Fujita@dmh.ca.gov

Brenda Golladay, Research Program Specialist

Phone: (916) 654-3291

Email: Brenda.Golladay@dmh.ca.gov